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CONFIRMATION NO. 8467

Bib Data Sheet

SERIAL NUMBER 09/757,774	FILING OR 371(c) DATE 01/09/2001 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 041828-0276361
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/440,331 05/12/1995 PAT 6,375,951  
 and is a CON of 08/440,322 05/12/1995 PAT 6,340,460  
 which is a CON of 08/391,267 02/21/1995 PAT 6,022,544  
 which is a CON of 07/808,797 12/17/1991 ABN  
 which is a CIP of 07/628,858 12/17/1990 ABN  
 which is a CIP of 07/354,710 05/22/1989 ABN  
 which is a CIP of 07/248,293 09/21/1988 PAT 5,126,131  
 which is a CON of 06/869,808 05/29/1986 ABN  
 which is a CON of 06/460,266 01/24/1983 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/09/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 59	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

27500

## TITLE

Therapeutic suppression of specific immune responses by administration of oligomeric forms of antigen of controlled chemistry

FILING FEE RECEIVED 676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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